



Essential Obstetric Care and Subsets—Basic and Emergency Obstetric Care: What's the Difference?

Essential obstetric care (EOC) or Comprehensive essential obstetric care (CEOC) *provides not only the means to manage emergency complications when they happen, but it also includes procedures for early detection and treatment to prevent the progression of problem pregnancies to the level of an emergency (see Table). For example, EOC includes early detection and treatment or referral of such problems as anemia, pre-eclampsia, and prolonged labor; as well as surgery, anesthesia, and blood replacement.*

Emergency obstetric care (EmOC) *is a subset of EOC and responds to unexpected complications such as hemorrhage and obstructed labor with blood transfusion, anesthesia and surgery. It does not include management of problem pregnancies, monitoring of labor, or neonatal special care.*

Basic essential obstetric care (BEOC) *is yet another subset of EOC. This care includes all EOC elements with the exception of surgery, anesthesia and blood replacement. These services, which include preventive elements, can be provided at the first referral level (health center, maternity, or basic hospital) through non-physician providers, such as medically trained midwives. This approach does not demand highly trained ob/gyn specialists or fully equipped operating theaters and, therefore, has the potential to bring services closer to women.*

Which should programs emphasize?

This is controversial; no cost-effectiveness data are available to guide selection.

Some advocate providing the EmOC subset in order to focus and conserve resources. The problem with focusing on EmOC is that it does not allow for the early identification of complications, such as prolonged labor, and prevention of complications progressing to life-threatening emergencies. In addition, it concentrates on training providers in advanced obstetric care, when often the case is that normal deliveries are performed poorly even by specialists.

EOC necessarily involves providing more services to more women and newborns than EmOC. EOC could be more costly although there are no data to judge this, but its benefits are broader: it should prevent progression to more serious complications and the attendant toll of morbidity (for example, severe anemia as a result of hemorrhage, or obstetric fistula and uterine prolapse from prolonged labor). It requires training both specialists as well as front-line providers to form a team in providing all levels of care, from primary to referral hospital level. Also, it must include an effective referral system. ***As EOC contains all elements of intervention, it is the model that ultimately needs to be in place.***

Basic EOC aims to enhance front-line care and should be able to prevent the majority of

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complications progressing to the stage of emergency. Within the context of a strong referral system, medically trained staff (nurse-midwives or general practitioners) located in health centers or general hospitals should be able to provide quality basic essential obstetric care, decreasing the numbers of referrals and maternal deaths. Where health systems are not mature, and maternal mortality is high, phasing in Basic EOC prior to Comprehensive EOC may be the most cost-effective approach for a rapid decline in high numbers of maternal deaths.

Selection among these options depends on the available infrastructure, professional skills, and present birthing pattern. If the majority of

women deliver at home with unskilled attendants, service effort needs to be moved closer to them; hence, the emphasis may be Basic EOC. If the majority deliver in hospitals, the skills of the staff must be upgraded. CEOC or EmOC may be in order if BEOC is being provided well. Between these two poles, however, configurations are likely to be mixed with urban models pulling more toward EmOC and rural efforts beginning with Basic EOC.

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Table—Comparison of Essential Obstetric Care (EOC) with Basic (BEOC) and Emergency Obstetric Care (EmOC)

Basic EOC	EOC (also Comprehensive EOC)	EmOC
	Surgical obstetrics	X
	Anesthesia	X
	Blood replacement	X
X	Management of problem pregnancies	
X	Medical treatment	X
X	Manual procedures	X
X	Monitoring of labor	
X	Neonatal special care	



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